

# Form 3-1

<b>Distribution:</b>	<b>Executive Order G-70-163-AA Exhibit 3</b>		<b>Report No.:</b> _____
			<b>Test Date:</b> _____
			<b>Test Times:</b>
			<b>Run A:</b> _____ <b>Run B:</b> _____ <b>Run C:</b> _____
<b>Summary of Source Test Results</b>			
<b>Source Information</b>		<b>Facility Parameters</b>	
<b>GDF Name and Address</b>	<b>GDF Representative and Title</b>	<b>PHASE I SYSTEM TYPE ( Check One)</b>	
_____	_____	<b>Two Point</b> <input type="checkbox"/>	
_____	_____	<b>Coaxial</b> <input type="checkbox"/>	
_____	<b>GDF Phone No. (     )</b>	<b>Coaxial with Spill Prevention</b>	
_____	<b>Source: GDF Vapor Recovery System</b>	<b>PHASE II SYSTEM TYPE</b>	
<b>Permit Conditions</b>	<b>GDF #</b> _____	OPW VaporEZ <input type="checkbox"/>	
	<b>A/C #</b> _____	<b>Manifolded?     Y     or     N</b>	
<b>Operating Parameters:</b>			
Number of Nozzles Served by Tank #1 _____		Number of Nozzles Served by Tank #3 _____	
Number of Nozzles Served by Tank #2 _____		Total Number of Gas Nozzles at Facility _____	
<b>Applicable Regulations:</b>		FOR OFFICE USE ONLY:	

## Source Test Results and Comments:

### TANK #:

	1	2	3	TOTAL
1. Product Grade	_____	_____	_____	_____
2. Actual Tank Capacity, gallons	_____	_____	_____	_____
3. Gasoline Volume, Gallons	_____	_____	_____	_____
4. Ullage, gallons (#2 -#3)	_____	_____	_____	_____
5. Phase I System Type	_____	_____	_____	_____
6. Initial Test Pressure, Inches H <sub>2</sub> O (2.0)	_____	_____	_____	_____
7. Pressure After 1 Minute, Inches H <sub>2</sub> O	_____	_____	_____	_____
8. Pressure After 2 Minutes, Inches H <sub>2</sub> O	_____	_____	_____	_____
9. Pressure After 3 Minutes, Inches H <sub>2</sub> O	_____	_____	_____	_____
10. Pressure After 4 Minutes, Inches H <sub>2</sub> O	_____	_____	_____	_____
11. Final Pressure After 5 Minutes, Inches H <sub>2</sub> O	_____	_____	_____	_____
12. Allowable Final Pressure from Table 3-I	_____	_____	_____	_____
13. Test Status [Pass or Fail]	_____	_____	_____	_____

Test Conducted by:	Test Company Name _____ Address _____ City _____	Date and Time of Test:
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